



LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES March 19, 2015

Approved
5/21/2015

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, <i>Co-Chair</i>	Terry Goddard, MA	Michael Pitkin	Dawn McClendon
Fariba Younai, DDS, <i>Co-Chair</i>	Mitchell Kushner, MD, MPH		Jane Nachazel
Raquel Cataldo	Patsy Lawson		
Kevin Donnelly	Angélica Palmeros, MSW		
Dahlia Ferlito (<i>pending</i>)			DHSP STAFF
Suzette Flynn			None
David Giugni			
Kimler Gutierrez (<i>pending</i>)			
Carlos Vega-Matos, MPA			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Agenda, 3/19/2015
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 1/15/2015
- 3) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 2/19/2015
- 4) **Table:** Standards and Best Practices (SBP) Committee Work Plan, 3/18/2015
- 5) **Format:** Population-Specific Guidelines: Instructions and Formatting, 3/18/2015
- 6) **Memorandum:** New "Population-Specific" Guidelines: Instructions and Format, 3/18/2015

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 10:15 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order, as presented (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
Motion 2: Approve the Standards and Best Practices (SBP) Committee meeting minutes of 1/15/2015 as revised to delete "with 10 HIV specialists" from page 2, bullet 4; and 2/19/2015, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT, (*Non-Agendized or Follow-Up*):** There were no comments.
5. **COMMITTEE COMMENT, (*Non-Agendized or Follow-Up*):** There were no comments.
6. **CO-CHAIRS' REPORT:** There was no report.
7. **STANDARDS OF CARE (SOC) WORK SCHEDULE:**
 - A. **SOC Work Activities:**
 - Dr. Younai reported little progress overall on SBP's Work Plan, but she and Michael Johnson will review all the standards to consolidate boilerplate sections prior to the April meeting.

- Mr. Vega-Matos felt it important for SBP to hear the PowerPoint presentations DHSP previously provided to the Planning, Priorities and Allocations (PP&A) Committee on Medical Care Coordination (MCC) and Ambulatory Outpatient Medical (AOM). The latter includes Fee-For-Service (FFS) measures on retention and Viral Load (VL) suppression.
- He noted MCC was discussed extensively at the 2/19/2015 SBP meeting, but many issues raised were due to the roll out. MCC was just two years old and still developing. Standardization of assessment was a major goal.
- Assessment tools and the protocol were on the DHSP website. It was inaccurate, as some have said, that MCC is essentially Medical Case Management to the detriment of Psychosocial Case Management. DHSP has rejected many waiver requests from the master level behavioral staff requirement. Assessment includes many non-medical domains, e.g., housing status, mental health, substance abuse and other psychosocial domains.
- In addition to numbers served, DHSP can track the amount of time MCC staff spend with patients by acuity to ensure needed support. In the past, staff often spent extensive time with PLWH who wished to talk despite being adherent while PLWH who needed support to attend appointments or attain and maintain adherence did not receive it.
- Brief interventions address, e.g., linkage to appointments, adherence, mental health and high-risk behavior such as indicated by a recent diagnosis of syphilis. DHSP collects data on actual linkage to services rather than only a referral.
- Other payer sources do not fund MCC so it is available to all PLWH, e.g., PLWH who receive Medi-Cal medical services.
- Mr. Vega-Matos recommended service categories first address funder requirements and then be clustered as desired.
- MCC and AOM are mainly prevention for PLWH. Linkage to Care (LTC) is access to care. HRSA HIV testing mainly prevents transmission to partners except for Part D grantees. Early Intervention Services is mainly through Part C.
- Providers must follow certain practices with performance measures, but cultural competency will vary per the focus of particular providers. DHSP seeks to fund a variety of providers to address the range of populations as well as possible, e.g., interpretive service requests have increased for some smaller populations such as Armenians but identifying culturally competent providers is difficult. Standards reflect minimums required for all providers. Population-Specific Guidelines are designed to assist providers seeking to serve a particular population with best practices.
- Ms. Ferlito reported an LTC+ conference on 3/13/2015 at St. Anne's Maternity Home drew over 100 attendees. Presenters included Tom Donohoe, UCLA AIDS Education and Training Center, a representative from San Francisco and a panel. An afternoon exercise used role play to share skills and foster networking.
- Mr. Vega-Matos added Amy Wohl, MPH, PhD and Sophia Rumanes, MPH presented to PP&A on Linkage to, Re-engagement in and Retention in HIV Medical Care. He recommended the PowerPoint presentation to SBP.
- Regarding PEP/PrEP, Mr. Vega-Matos reported Mario Pérez, MPH and Dr. Sonali Kulkarni presented to the Health Deputies on 3/18/2015 on the HIV biomedical framework and plan for the County with an emphasis on PrEP.
- DHSP funds PEP now as a 20-day intervention. The PrEP framework uses an annual estimate for the uninsured. Guidelines recommend continuing PrEP once started, but an annual estimate addresses potential behavior change over time. Medi-Cal pays for PrEP as do pharmaceutical Patient Assistance Programs which cap eligibility at 500% FPL.
- DHSP is reviewing materials from New York and the State of Washington and offering PEP/PrEP education to DHSP testing providers. DHSP is also promoting CMEs for physicians and trying to develop a website directory of physicians regardless of payer source who do or would like to provide PrEP. David Pieribone is coordinating website information.
- ➡ Mr. Vega-Matos volunteered to join Dr. Younai and Mr. Johnson in a final review of the set of standards and consolidation of the boilerplate sections prior to the April meeting.
- ➡ May SBP meeting: Agendize MCC as sole subject. Include DHSP PowerPoint presentation, preferably by Dr. Wendy Garland who helped develop MCC, and include copies of MCC assessment tools and protocol.
- ➡ June SBP meeting: Agendize: LTC and Re-Engagement PowerPoint with Dr. Amy Wohl and Ms. Rumanes.
- ➡ July SBP meeting: Agendize: DHSP AOM PowerPoint including FFS measures supporting retention and improved VLs.
- ➡ Dawn McClendon will add May MCC and July AOM meetings to Continuous Quality Improvement Work Plan notes.
- ➡ Dahlia Ferlito will provide contact information of those attendees at the 3/13/2015 LTC+ conference who may be interested in contributing to SBP LTC standard development by participating on the Expert Review Panel.

8. POPULATION-SPECIFIC GUIDELINES:

A. Population-Specific Guidelines Format:

- Dr. Younai said Craig Vincent-Jones had provided previous material. She adjusted the memorandum and format included in the packet for review. The framework should be applicable to any population.
- She questioned whether Guidelines were needed for all 16 special populations identified four years ago and whether some might be combined or others were needed. It would require approximately three years to complete 16.

- Mr. Vega-Matos noted epidemiological data as it pertains to various points along the continuum of services can be used to identify pertinent populations. Ms. Nachazel added the prior Standards of Care Committee identified special population criteria to provide an objective standard for adding newly emerging populations or discontinuing the status should a population improve to the level of no longer needing additional attention. A memorandum detailed criteria.
- The prior Prevention Planning Committee identified populations by consensus and a task force would then develop recommendations. Populations identified included youth, transgender people, Latinos and MSM of color.
- Mr. Vega-Matos noted special population discussions commonly focus on cultural competence, cultural awareness and language or race/ethnicity, but rarely include areas such as income, class, sexual identity and sexual orientation. The US Department of Health and Human Services Office of Minority Health (OMH) has explored many of those other areas.
- DHSP was reviewing the subject to inform RFPs. At the national level, discussions were addressing provider awareness levels concerning the continuum of services from ignorant to awareness to engaged, i.e., how well a program creates a supportive environment with policies and programs inviting and respectful for the people and populations it serves.
- There are many population aspects, e.g., a "Latino" may be from Los Angeles or multiple other countries with different cultural and linguistic needs. Populations also differ by rural or urban backgrounds, income levels and other issues such as substance abuse including whether they are in recovery and if so whether, e.g., it includes biomedical interventions. On the other hand, the importance of family and/or community support networks is virtually universal.
- Dr. Younai felt it key to determine to what degree various aspects impact the ultimate goal of Ryan White programs to reduce VLs through engagement and retention. The Social Determinants Framework was done and could be used to review individual, social and systemic determinants, e.g., family/network connectedness is a key factor.
- The Guidelines should identify best practices for specific populations, e.g., how to collect information and train staff.
- ➡ Devote April SBP meeting to Population-Specific Guidelines. Staff will provide SBP with Commission Standards of Care Committee materials and minutes pertaining to identification of populations. Mr. Vega-Matos will forward pertinent information from the Prevention Planning Committee, the Comprehensive HIV Services Plan and the OMH.

B. Social Determinants Framework: There was no additional discussion.

9. SERVICE CATEGORY DEFINITION WORK GROUP:

- Mr. Vega-Matos reported the Work Group will meet 3/27/2015. He will provide a series of tables for review. HRSA definitions, initially released with reauthorization in 2006, will include limitations and service ability as well as funding and funding source. A 2013 HRSA update identified service categories. Some prevention services can be reflected under other service categories, e.g., Benefits Specialty can be funded as an activity under three categories.
- The Commission has identified some services differently than HRSA does. The tables reflect categories per HRSA's annual Ryan White Service Reporting Instruction Manual, but also identify Commission service categories where pertinent.
- The HRSA Manual discusses each service category and what activities are reportable, e.g., all services are expected to offer referral services so they are not reportable separately, but the Information and Referral service category is separate.
- Mr. Vega-Matos is also working with Ms. Rumanes and Dr. Michael Green on the CDC definitions.
- He recommended the final service definitions facilitate compliance with funding requirements while reducing the administrative burden of translating Commission allocations into reportable data. Dr. Younai added the Commission was also seeking to develop and package its standards in a more accessible manner to facilitate broader uptake.
- ➡ The Service Category Definition Work Group will distribute services definition tables to SBP for review after completion.

10. NEXT STEPS: There was no additional discussion.

11. ANNOUNCEMENTS:

- Ms. Flynn reported HOPWA was applying for renewal of a HACLA grant for 90 12-month housing vouchers with transition to Section 8 if needed after 12 months. HUD now wants patients tracked to ensure they receive ART. HOPWA did not need to detail how that would be done in the application because renewals do not require a narrative.
- Mr. Vega-Matos suggested HOPWA could request clients sign a release form to contact their physicians. Studies indicate housing supports care so that was likely HUD's goal. HOPWA will be contacting HUD to clarify application requirements.

12. ADJOURNMENT: The meeting adjourned at 11:50 am.